## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000056275

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90184 042 \*\*\*150.00

## 

K & L BUSINESS, INC. Mailing Address Principal Place of Business 15610 ENSTROM ROAD 15610 ENSTROM ROAD WELLINGTON FL 3341-4 WELLINGTON FL 3341-4 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1998 Applied For 2, Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation owes the current year Intangible Zip □ No Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUBBARD, LISA Street Address (P.O. Box Number is Not Acceptable) 15610 ENSTROM ROAD . . . WELLINGTON FL 3341-4 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with an accept the appointment of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the company of the purpose of changing its registered agent. I am familiar with a company of the company of th SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS/AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE Change 1.1 TITLE TITLE HUBBARD, USA 1.2 NAME NAME 15610 ENSTROM ROAD 1.3 STREET ADDRESS STREET ADDRESS **WELLINGTON FL 3341-4** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE HUBBARD, KEN 2.2 NAME NAME 15610 ENSTROM ROAD 2.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL 3341-4 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITI F 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ČITY-ST-ZIP Change ☐ Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

(11/98)CR2E034